

DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH

APPLICATION FOR DELAWARE NARM LICENSE [C20] OR "BY-PRODUCT MATERIAL" REGISTRATION [B.4]*

(Continuation of requested information may be provided on plain paper, as needed)



Delaware Division of Public Health
Office of Radiation Control
417 Federal Street
Dover, DE 19901
(302) 744-4546

For Agency Use Only

DO NOT WRITE IN THREE (3) SPACES BELOW

REGISTRATION NO. _____
EFFECTIVE DATE _____
EXPIRATION DATE _____

PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING

- CURRENT/FORMER DELAWARE REGISTRATION/LICENSE NO. _____
1. FACILITY:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
2. OWNER OF RADIOACTIVE MATERIAL FACILITY:
Name: _____ EIN or Social Security No. _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
3. INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION [RADIATION SAFETY OFFICER]:
Name: _____ Phone No. _____
Title: _____
4. NAME(S) OF USERS OF MATERIAL PHYSICIAN LICENSE NO.(REQ'D IF APPLICABLE)

5 Inventory : Element / Mass # Chemical / Physical Form Device Name Max Amt. (mCi)

Purpose

- a. _____
b. _____
c. _____
6. _____

Address where radioactive material will be stored or used in Delaware, if different than item 1

7. _____
U.S.N.R.C. Materials License and/or Other Radioactive Material License No., and Expiration Date

8. _____
Describe waste disposal method for radioactive material (see instructions)

9. _____
Name, address and phone number of transferee or recipient of radioactive material

I certify that the information provided is current and factual.

Signature of Applicant _____ Date _____

Type/Print Name _____

The official License/Notice of Registration will be sent to the address given in item 1.

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A
RADIOACTIVE MATERIALS LICENSE OR REGISTRATION**

(THESE INSTRUCTIONS APPLY TO COMPLETION OF FORM ORC-R2 FOR "NARM" LICENSE)
[C.20 OR "BY-PRODUCT MATERIAL" REGISTRATION [B.5a]

The Owner/Manager is the "Applicant"

1. Means the complete name and address of the principal location where material is used. The owner (item 2) is responsible for providing the complete address (including department number and/or name of the department head) of the intended recipient of the official registration/license. The information in item 1 will be used as the mailing label content.
2. Means the complete name and EIN or Social Security no., street and number or P.O. Box, City, Zip Code and telephone number of the applicant. The owner of the radioactive material is the applicant. If the owner designates another individual as "owner"; a copy of the written designation should be enclosed with this application. The radioactive material owner/"owner" is the applicant and signs the ORC-R2.
3. Means the complete name, street and number or P.O. Box, City, Zip Code and telephone number in Delaware for the Radiation Safety Officer responsible for the use of radioactive material.
4. Means the names of ALL individual(s) who use the referenced radioactive material. Provide physician license number for medical use.
5. Means the name of the element(s) and respective mass number(s) of the radioactive material(s) to be possessed or used at this location.

Means the chemical and physical form of the radioactive material, name of compound, solid, liquid or gas; if radioactive material is a sealed source, give name of manufacturer and model number and device name.

Means the maximum amount of each radioactive material to be possessed or used at any one time at this location.

Briefly describe the medical, industrial, research or other application for which the radioactive material is to be used, e.g., diagnostic studies involving measurements of uptake, dilution, imaging, tumor localization; industrial uses involve measuring, gauging or controlling device.

6. Complete street and number, building identification, room number and city in Delaware where the radioactive material will be stored or used, if different from Item 1.
7. Number and expiration date of a radioactive materials license issued to you or your company by the U.S. Nuclear Regulatory Commission or by a State other than Delaware (please enclose a copy of the license).
8. Describe method of disposing of radioactive material, e.g., sanitary sewer system, storage on site, incineration, transfer, return to manufacturer, etc.
9. If radioactive material will be transferred; give complete name, street and number or P.O. Box, City, State, Zip Code and telephone number of recipient.

The application form must be signed by the owner/manager. The registration or license is not valid until a "Notice of Registration" or a "License" has been issued. A copy will be sent to you.